1		Substitute 10f Form PTO-875								10/8/4069			
Ł			AS F(LE (Cojumn 1)	D-PART (T (Column 2)		SMA	OR		OTHER THAN			
	FOR		MUDER SUSS					LL ENTITY	 -	OR	SMA	LL ENTIN	
6,	SIC FEE CFR 1.16(#)		NUMBER FILEO		NUMBER EXTRA		RATE	FEE	_	•	RATE	. 60	
TO	YAL CLAIMS				· · · · ·	_		5		OR		1,	
11	CFR 1.16(c)) DEPENDENT CLAIMS		เบกโรก	20 =	·		x : 23	=	1	OR	× 50.	-	
(3	7 CFR 1.16(b) minus 3 =				•		x : 100	=		or I	x , 200	-	
М	LUPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5-180		-		360	- 	
. (the difference i	n column 1 is less		TOTAL		Η.	DR	+840					
	the difference in column 1 is less than zero, enter 10° in column 2. CLAIMS AS AMENDED - PART 11									OR TOTAL		L	
	Walne	COMINO NO P	WENDE	U-PART II	•								
	4 101	(Column 1)		(Column 2) (Column)	SMALL	ENTITY	c	R ·		R THAN	
Ā	-	REMAINING		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	7 1	RATE	ADDI	7	1	SMALL	ENTITY	
AMENDMENT		AFTER AMENDMENT				11		TIONAL	 -		RATE	- TIOIAL	
	Total (3) OFR 1.16(c))	35	Minus	35	1-0	11	×.25.	FEE		-	EN :	FEI	
	fodependent (31 OFFI 1.16(6))	3	Minus	" 3	1-0	1	x s 100.	 	OR		<u>,50 </u>		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ 5 180=		OR	×	,200	· · ·	
	(3) 3.1 (100)						+ 5 10 UE TOTAL	 	. OR	ب	(3a)		
				ADD'L FEE	L	OR		DO'L FEE					
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								-				
AMENOMENT B	, •	REMAINING AFTER	1	NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADOI-			RATE	ADD+	
	Total	AMENDMENT	4/1	PAID FOR				TIONAL FEE	1 :	1.		TIONAL	
	CIT CLEAR ITHICAL		Minus		* .	را	<u>.,25</u> .		OR	×:	5 0.	,,,,,	
	trdependent Of CFR 1.160()	<u> </u>	Minus	•••		1	s100.	• •	OR	X S	200		
2	FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						518Oa		OR		360		
			OTAL DO'L FEE		OR-	TO	TAL						
		(Column 1)		(Column 2)	(Calumn 3)				On.	AU-	D.C. EEE		
ပ		CLAIMS ' REMAINING		HIGHEST	PRESENT	Г				r ·			
AMENDMENT		AFTER AMENOMENT	· .	NUMBER PREVIOUSLY PAID FOR	EXTRA		RATE	ADDI- TIONAL FEE		١ '	ATE	ADDI	
	Total proन्म प्रस्तुता	•	Minus	**	=	×	,25	, ,,,,,			20.	FEE	
	Independent DI CHR 1.46611	•	Minus	•/4	=	-	s 100		OR		2000	· · ·	
ŧ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						s180.		OR		360.		
				· · · · · · · · · · · · · · · · · · ·	. 10	DIAL		OR	TOT.	Transaction of the last of the			
•	If the entry in co	dumn 1 is less tha	n llie entry	la column 2, write	1° in column 3		DOLFEE [ÓR	ADD	T FEE.		
	MANG LINGUISEZEL	tumbet kterioner	Pold For	IN THIS SPACE I	- 14-4 Man 20 -		o°.						

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "J".

The Highest Number Previously Paid For Total or independent is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 24 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for returning this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22311-1450.

If you need assistance in completing the form, cell 1-600-PTO-9199 and select option 2